## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Tracey Campbell

manse

(571)-273-2885 or <u>Fax</u>

This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address: and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee patification. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the fex(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

CURRENT CORRESPONDENCY ADDRESS (Note: Use Block 1 for any change of address)

7590

01/10/2007

<u> Joseph S Tripoli</u> Thomson Licensing Inc PO Box 5312

Princeton, NJ 08543-5312 03/23/2007 HDEMESS2 00000074 070832 10518226

1400.00 DA 01 FC:1501 02 FC:1504 300.00 DA

10/518,226

03 FC: 802 PPLICATION NO. 00 DA

FILING DATE

12/16/2004

FIRST NAMED INVENTOR Carl Christensen

ATTORNEY DOCKET NO

Certificate of Mailing or Transmission

I bereby centify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPIO (571) 273-2885. On the date indicated below

CONFIRMATION NO.

(Dopositor's name) Charature

(Date

PU020288

6699

TITLE OF INVENTION: MITTHOD OF FORWARD ERROR CORRECTION

APPLN. TYPE	SMALL EN'N') Y	ISSUE FEIS DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/10/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	)		
TU, CHRISTINE TRINH LE		2138	714-800000	J		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the p	aunt front page, hat	Joseph	, Joseph J. Laks	
		ange of Correspondence	(1) the names of up to or agents OR, atternation	I registered patent attornity.	icys '	
Address form P10/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney of agent) and the names of up to 2 registered patent showeys or agents. If no name is 3			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent altomeys or agents. If no name is 3 listed, no name will be printed.			- ,
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	oc)		•
PLEASE NOTE: Un recordation as set for	dess an assignee is identified in 37 CFR 3.11 Com	ified below, no assignee pletion of this form is NC	data will appear on the partial assisting an a	atent. If an assignee is id	lentified below, the docu	ment has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (C)TY			
Thomson Licensing			Boulogne-Billancourt France			
Please check the appropr	riate assigned category of	caugories /will not be p	rimed on the patent):	Individual Da Corporați	on or other private group	entity 🚨 Government
4a. The following fee(s)	• =		b. Payment of Fee(s): (Plea	•		
A lasue Fee			A check is analosed.			
Publication Fee (No small entity discount permitted)		cermitted)	Payment by credit cord. Form PTO-2038 is attached.			
CX Advance Order - # of Copies3			On the Director is hereby authorized to charge the required (ec(s), any deficiency, or credit any overpayment, to Deposit Account Number 92,0832 (enclose an extra copy of this form).			
<ol><li>Change in Entity Sta</li></ol>	itus (from status indicated	l above)				
a. Applicant claim	is SMALL ENTITY state	is. See 37 CFR 1.27.	D b. Applicant is no long	er claiming SMALL ENT	TTY status. Sec 37 CFR	1.27(e)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	aired) will not be accepte	d from anyone other than the Office.	e applicant: a registered a	ltorney or agent; or the as	signee or other party in
Authorized Signature	///			Date Mark	h 23,200	7
Typed or printed name Jeffrey M. Navon						
This collection of inform	lation is required by 37 C	FR 1.311. The information	on is required to obtain or re	tain a henofit by the publi	c which is to file foud by	(b) 1100000 to

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FERS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.